



DECLARATION AND POWER OF ATTORNEY

(Patent, Design or C-I-P Application)

As a below-named inventor, I hereby declare that:

My residence, post office, address and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are stated below) of the subject matter which is claimed and for which a patent is sought on the invention METHOD AND APPARATUS FOR MICROWAVE INTERCONNECTION the specification of which

 is attached hereto

 X was filed on November 14, 2003 as Application Serial No. 10/712,394 and was amended on

I hereby state that I have reviewed and understand the contents of the above-entitled specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby claim foreign priority benefits under Title 35 United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

COUNTRY	APPLICATION NO.	DATE OF FILING	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			Yes <u> </u> No <u> X </u>

LISTING OF FOREIGN APPLICATIONS CONTINUED ON PAGE 2 HEREOF YES NO X

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first page of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT International filing date of this application

_____ (Application Serial No.) _____ (Filing Date) _____ (Status)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Thomas M. Blasey, Reg. No. 33,475 of 1650 Tysons Blvd., Suite 1700, McLean, VA 22102, and
 IRA C. EDELL, Reg. No. 24,119,
 STUART B. SHAPIRO, Reg. No. 40,169,
 PATRICK J. FINNAN, Reg. No. 39,189
 ANDREW J. ALDAG, Reg. No. 40,483
 HOWARD R. RICHMAN, Reg. No. 41,451
 HEATHER MORIN, Reg. No. 37,336
 of EDELL, SHAPIRO & FINNAN, LLC
 1901 Research Boulevard, Suite 400, Rockville, Maryland 20850-3164.

SEND CORRESPONDENCE TO: Stuart B. Shapiro, Esquire Registration No. 40,169 Edell, Shapiro & Finn, LLC 1901 Research Blvd., Suite 400 Rockville, Maryland 20850	DIRECT TELEPHONE CALLS TO: (301)424-3640
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DECLARATION AND POWER OF ATTORNEY
 (Patent, Design or C-I-P Application)

FULL NAME OF INVENTOR #1	LAST NAME: CAPLAN	FIRST NAME: William	MIDDLE NAME: L.
RESIDENCE & CITIZENSHIP	CITY: State College	STATE OR FOREIGN COUNTRY: Pennsylvania	COUNTRY OF CITIZENSHIP: U.S.
POST OFFICE ADDRESS	POST OFFICE ADDRESS: 1260 Edward Street	CITY: State College	STATE OR COUNTRY AND ZIP CODE: Pennsylvania 16801

FULL NAME OF INVENTOR #2	LAST NAME: HODGMAN	FIRST NAME: Nicholas	MIDDLE NAME: S.
RESIDENCE & CITIZENSHIP	CITY: Fort Wayne	STATE OR FOREIGN COUNTRY: Indiana	COUNTRY OF CITIZENSHIP: U.S.
POST OFFICE ADDRESS	POST OFFICE ADDRESS: 11309 Brougham Run	CITY: Fort Wayne	STATE OR COUNTRY AND ZIP CODE: Indiana 46845

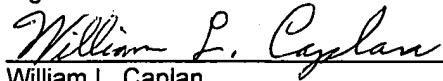
FULL NAME OF INVENTOR #3	LAST NAME: CHAMBERLAIN	FIRST NAME: Thomas	MIDDLE NAME: B.
RESIDENCE & CITIZENSHIP	CITY: Fort Wayne	STATE OR FOREIGN COUNTRY: Indiana	COUNTRY OF CITIZENSHIP: U.S.
POST OFFICE ADDRESS	POST OFFICE ADDRESS: 1811 Falconview Place	CITY: Fort Wayne	STATE OR COUNTRY AND ZIP CODE: Indiana 46818

FULL NAME OF INVENTOR #4	LAST NAME: MORNINGSTAR	FIRST NAME: Michael	MIDDLE NAME: S.
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POST OFFICE ADDRESS	POST OFFICE ADDRESS: P.O. Box 242 382 First Avenue	CITY: Lemont	STATE OR COUNTRY AND ZIP CODE: Pennsylvania 16851

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

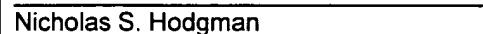
Signature of Inventor #1



William L. Caplan

Date: 12-8-03

Signature of Inventor #2



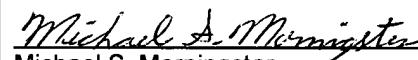
Date:

Signature of Inventor #3



Date:

Signature of Inventor #4



Michael S. Morningstar

Date: 12/8/2003

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POST OFFICE ADDRESS	POST OFFICE ADDRESS: P.O. Box 242 382 First Avenue	CITY: Lemont	STATE OR COUNTRY AND ZIP CODE: Pennsylvania 16851

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Signature of Inventor #1
William L. Caplan
Date:

Signature of Inventor #2
 Nicholas S. Hodgman
Date: 12/9/03

Signature of Inventor #3
 Thomas B. Chamberlain
Date: 12/9/2003

Signature of Inventor #4
Michael S. Morningstar
Date: